DATE	OFFICE COPY 4-H ENROLLMENT CARD		4-N 3	4-H 3g	
NAME Last First	Middle	BIRTHDATE / / mo. day yr.	TELEPHONE NO	_	
ADDRESS Number and Street		Cny	Zip Cods		
PARENT'S NAME		WORK T	- •		
NAME OF 4-H CLUB OR GROUP		SCHOOL		· · · · · · · · · · · · · · · · · · ·	
AGESEXTHIS WILL BE MY CHECK BOX DESCRIBING WHERE YOU LIVE Farm Suburbs of City	YEAR IN		OFFERED, I WISH TO TAKE ECT(S) THIS YEAR	Project Book Needed	
Towns under 10,000 over 50,000 and Rural Non-tarm Central Cities Towns and Cities over 50,000					
CHECK THE BOX WHICH DESCRIBES YOUR RACE* White Black Hispanic Assan or Pacific American Indian Islander					
*This information is utilized for reports to the United States Department of Agriculture					
EFNEP ONLY: MY FAMILY IS ENROLLED IN/GRADUATED FROM EFNEP		This publication was promulg provide record-keeping documeducational programs, 7-30M-	ated at a cost of \$986.20, or 3.3 cen nents to be used in connection wi 35.	its per copy, to th Florida 4-H	
MEMBER'S SIGNATURE:					
PARENT'S SIGNATURE: (Optional)					
LEADER'S SIGNATURE					
Florida Cooperative Extension Service / Institute of	Food and Agricult	tural Sciences / University of F	lorida / John T. Woeste, Deen		



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